



Enter name of corporation \_\_\_\_\_

FEIN \_\_\_\_\_

# **Schedule KS Shareholder information**

**All corporations must complete this schedule**

- Complete Columns 1 through 5 for EVERY shareholder
- Complete Column 6 if shareholder is a nonresident individual
- If applicable, complete Column 7 or Column 8 for nonresident individual shareholder only

All Shareholders				
Shareholder	Column 1	Column 2	Column 3	Column 4
	Name and address of shareholder <i>If additional lines are needed, attach additional pages</i>	Social Security Number/FEIN	Type of entity (See pg. 8 of instr.)	Ownership %
<b>A</b>	Name _____ Address _____			
<b>B</b>	Name _____ Address _____			
<b>C</b>	Name _____ Address _____			
<b>D</b>	Name _____ Address _____			
<b>E</b>	Name _____ Address _____			
<b>F</b>	Name _____ Address _____			
<b>G</b>	Name _____ Address _____			

Shareholder	All Shareholders <i>Complete this column for ALL shareholders</i>	Nonresident Individual Shareholders Only <i>Important: Columns 6 through 8 are for nonresident individual shareholders only.</i>			
	Column 5	Column 6	Column 7		Column 8
	Federal distributive share of income (loss)	North Dakota distributive share of income (loss)	North Dakota income tax withheld (5.54%)	Form PWA	North Dakota composite income tax (5.54%)
<b>A</b>				<input type="radio"/>	
<b>B</b>				<input type="radio"/>	
<b>C</b>				<input type="radio"/>	
<b>D</b>				<input type="radio"/>	
<b>E</b>				<input type="radio"/>	
<b>F</b>				<input type="radio"/>	
<b>G</b>				<input type="radio"/>	
<b>1</b> Total for <b>Column 5</b> . . . . . <b>1</b>					
<b>2</b> Total for <b>Column 6</b> . . . . . <b>2</b>					
<b>3</b> Total for <b>Column 7</b> . Enter this amount on Form 60, page 1, line 2 . . . . . <b>3</b>					
<b>4</b> Total for <b>Column 8</b> . Enter this amount on Form 60, page 1, line 3 . . . . . <b>4</b>					